

## Section B: Service Specification

Service Specification No.	1
Service	<b>Carer's Support Service</b>
Authority Lead	<b>Southend-on-Sea Borough Council</b>
Provider Lead	<b>TBA</b>
Period	<b>1<sup>st</sup> October 2016 – 30<sup>th</sup> September 2018</b>
Date of Review	<b>1<sup>st</sup> April 2017</b>

### 1. Introduction and Overarching Requirements

A review of Carers provision carried out by Southend-on-Sea Borough Council and NHS Southend CCG Integrated Commissioning Team in 2015 concluded that a remodelling of Carers services was required to achieve lasting carer outcomes; improve user experience and access and ensure compliance in line with the Care Act (2014) and the Children and Families Act (2014).

The design of the service has been informed by extensive engagement with Carers, the Provider Market and Key Stakeholders. In response to this the Council wishes to commission a comprehensive Carers Hub offering:

- Prevention Provision, including Carer Identification, Information and Advice, Carer Learning, Peer Support, Counselling and Respite
- Strategic Engagement, Planning and Influencing Provision, to provide information, analysis and recommendations to assist the Council with its strategic planning, service review and development of delivery plans. Thus promoting a wider preventative approach by empowering other agencies, through strategy, commissioning and operations, to proactively identify and support Carers at an early stage in their caring journey.

The requirements of each element of the service are described in detail below (section 3 – Service Provision)

#### 1.1. Definitions

##### 1.1.1. 'Carer'

A Carer is a person who provides unpaid care for a family member or friend who is not able to cope without the support. Commonly, this is as a result of an illness, disability, substance misuse or mental health problem.

##### 1.1.2. 'Outcomes'

Outcomes are defined as "the intended impact or consequence of a service on the

lives of Individuals and communities”. They are ‘the positive changes, benefits, learning or other effects that result from the work that we do’.

## 1.2. **National Policy and Strategy**

Under the Care Act (2014) Local Authorities have a duty to promote wellbeing and prevent, delay or reduce needs. This means that Local Authorities must focus on:

- The goals of the person concerned i.e. the outcomes they want to achieve and
- Early intervention before a crisis occurs; enabling people to retain or regain skills and confidence; and prevent deterioration and the escalation of needs.

The vital role that carers play within the health and social care economy and the need to make this role sustainable is clear:

- The Department of Health has estimated the ‘monetised health benefits’ of additional support for carers; this suggests that every £1.00 spent on supporting carers would save councils £1.47 on alternative care costs and would benefit the wider Health System by £7.88.
- Another study by NHS England indicates that the savings made by effective commissioning for adult carers equates to £4.00 for every £1.00 invested.

## 1.3. **Local Context**

The 2011 Census shows that there are 17,668 people (10% of the population) in Southend providing unpaid care.

- The highest concentrations of unpaid carers are found in Southchurch, Thorpe Bay, Blenheim Park and West Shoebury wards.
- The majority of Carers are aged 50-64 years old.
- While most Carers (64.5%) provide between 1-19 hours of care each week, 23% of Carers provide 50+ hours of care each week.
- Local profiling (based on a sample of 248 Carers) suggests that a high proportion Carers (who are known to Adult Social Care):
  - Care for a person aged 65 plus
  - Care for a person with a physical disability, long standing illness or problems connected to ageing
  - Live with the person they care for
  - Are retired
  - Are not in paid employment because of their caring role
  - Have been caring for between 5-10 years
  - Spend more than 100 hours per week caring
  - Provide practical help; monitoring the person they care for to ensure they are alright; help with paperwork/financial matters; or deal with Care Services and benefits.
  - Have a long-standing illness (28.6%) or physical impairment / disability (26.6%)
  - Are White-British

## 2. Need for the Service and Benefits to be Realised

### 2.1. Need for the Service

The objective of the 'Carers Hub' model is to develop an integrated core support for local Carers, with a single point of co-ordination to provide a more flexible and tailored response to individual needs. Carers have told us that in terms of both access and provision, support has not been entirely joined up, particularly where they would benefit from a range of support / interventions.

2.2. The Council recognises that there will be significant change to Adult Social Care in Southend; therefore a prescriptive service specification may not allow providers to adapt to the changing needs of our residents. This specification therefore emphasises the important outcomes to be delivered; the Provider(s) will need to work closely together with Health and Social Care and, most significantly, with Carers in identifying and developing provision in relation to need.

### 2.3. Benefits

The Provider(s) will need to ensure due diligence is taken to develop appropriate, evidence-based interventions which enable Carers to realise the following shared benefits:

- Carers experience increased levels of well-being through having access to relevant information and advice and signposting to other services that can support them in their caring role.
- Carers experience increased well-being to enable them to cope with stress, to recognise their own health needs and maintain a healthy lifestyle whilst caring.
- Carers are able to consider and plan for their future needs and those of the person they are caring for.
- Carers needs are reduced or prevented from escalating.
- Carers are encouraged to make a positive contribution to the design and evaluation of the service.
- Carers receive a service that meets their cultural and language needs.
- Carers are encouraged to access support groups and training to help them manage their caring role, in a range of settings and through a variety of methods.
- Carers are supported to manage their caring role for as long as they wish to do so with minimum intervention by statutory health or social care services.

2.4. While Carers may have many of the above needs in common, there will also be differences in the needs of particular Carer groups, which the Provider(s) will be expected to meet through strategic engagement (Section 6) as appropriate.

2.5. The Carer's Hub will include features of support tailored to specific Carer Groups, led

by information regarding local demographics, needs and outcomes. Carer Groups include but are not limited to:

- Carers of people with Dementia
- Carers of people with a Mental Health diagnosis
- Carers of people with a Learning Disability
- Carers of people with an Autistic Spectrum Disorder
- Carers of people who misuse substances
- Carers of people at the end of their life
- Carers of children with disabilities (Parent Carers)
- Young Carers who are transitioning from Young Carers Support Services – eligible for Prevention Provision
- Young Carers – eligible for Strategic Engagement, Planning and Influencing Provision
- Former Carers

### 3. Demand for the Service

#### 3.1 Current Service Provision and Research Projects

The existing Carers Support Services, research and carers projects funded by Southend Borough Council between 2015-16 are summarised in Appendix A.

<b>Service name</b>	<b>Description</b>
Southend Carers Forum	This service provides counselling, advice, online support and group meetings and a helpline for carers.
Carers Flexible Breaks / GP Prescription Breaks	Planned, flexible respite breaks are offered free to any Carer who provides more than 21 hours of unpaid care each week; up to 30 hours of 'sitting' services for carers without recourse to a social care assessment.  If additional respite is needed after Flexible Break allocation has been used, carers can be offered an additional 30 hours through the GP Prescribed Breaks Scheme.
Hospice at Home	This specialist service is for carers of people who are in the later stages of terminal conditions. It provides 24/7 information, advice and emotional support for these carers and the provision of carer respite during this period.
Carers Emergency Respite	The aim of this service is to provide carers with peace of mind if they are suddenly taken ill or find themselves unable to return home e.g. if they were admitted into hospital.

Carers register with the scheme and are supported to create an emergency plan for such situations. In an emergency, trained and experienced care workers are mobilised to provide up to 48 hours of support (72 hours over a bank holiday period), enabling the individual receiving care to remain in their own home and avoiding admission into a residential setting.

### 3.1.1 Out of Scope Activities

The Scope for this Service does not include the provision of specialist support for Carer's of people with Dementia, Advocacy or support for Young Carers (aged up to 18 years).

### 3.1.2 Current Activity

The indicative activities of these commissioned services for 2015-16 can be found below (please note that there is not an expectation that service provision remains the same and so this data is for the purpose of setting the current scene).

#### 3.1.2.1 People registered for Carer's Services:

<b>Carer's Support Service</b>	<b>No. of people registered 2015-16</b>
Southend Carer's Forum	152
Flexible and Prescribed Breaks	364
End of Life Carers Service	91
Carers Breakthrough (MH Carer's Service)	90
Carers Emergency Respite	339
Carers of People with Dementia (from Alz Soc)	289
Southend Carer's Forum (Group) Counselling	25
Carers Initiative (Carers Reviewed for Carers Assessment Need)	310
Young Adult Carers	24
<b>Total</b>	<b>1684</b>

### 3.1.2.2 Hours of Respite for Carers delivered:

<b>Carer's Respite Service</b>	<b>No. of hours Respite delivered 2015-16</b>
Flexible and Prescribed Breaks	2031
End of Life Carers Service	1176
Carers Emergency Respite	187

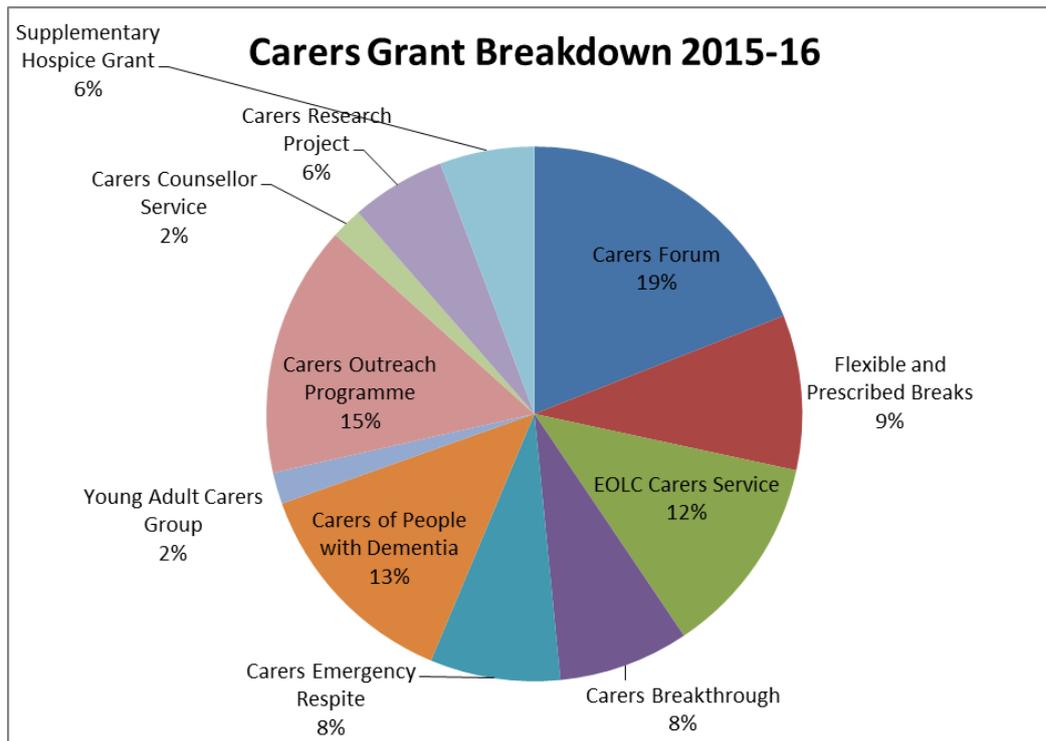
### 3.1.2.3 Attendance at Carer's Support Groups:

<b>Carer's Support Group</b>	<b>No. of attendances at support groups 2015-16</b>
Carers Forum	1076
Breakthrough	200
Alzheimer's Society Peer Support	141
Alzheimer's Society Dementia Cafes	81
Young Adult Carers	24

### 3.1.2.4 One-to-one visiting support or counselling for Carers:

<b>One-to-one / Counselling Service</b>	<b>No. of hours 1-1 support / counselling 2015-16</b>
Breakthrough (1-2-1)	1059 sessions
SCF (Group) Counselling service	157 sessions
Alzheimer's Society Carers visits (1-2-1 Visits)*	186

### 3.1.2.5 Financial allocation 2015-16



## 4. Aims and Objectives

4.1. The Provider(s) of the Carers Hub will develop a range of coordinated support for Carers to prevent, delay or reduce Carers needs and equip them to:

- Take up the caring role
- Look after themselves (self-care)
- Look after the cared for person
- Feel informed, knowledgeable and confident

The Provider(s) will develop a sophisticated, evidence-based understanding of local needs; using this local intelligence and co-design to:

- Drive the development of a range of support
- Continuously improve service provision
- Ensure that the population of Carers are supported to achieve the outcomes which are important to them

Caring is a journey and the personal goals and needs of Carers are likely to change over time; Provider(s) will therefore ensure that individual goals and preferences of Carers are:

- Identified at contact
- Reviewed periodically and / or after each intervention

## 4.2. **Service Outcomes**

### 4.2.1. The Southend Carers Hub will contribute to:

- Enhancing the quality of life of people with care and support needs
- Delaying and reducing the need for intensive care and support
- Providing Carers with a positive experience of care and support
- Safeguarding Carers whose circumstances make them vulnerable; protecting them from avoidable harm

### 4.2.2. Specifically, the Provider(s) will deliver support to Carers and evidence the following outcomes:

- Carers will have as much social contact as they would like
- Carers will be supported to balance their caring roles and maintain their desired quality of life
- Carers will manage their own support as much as they wish
- Carers will feel that they are equal partners throughout the care and support process
- Carers (where willing) will share their successes and achievements so that other carers can benefit from their experience
- Carers will help shape services so that dependence upon commissioned services reduces over time
- Peer support will be developed so that the caring community supports one another
- Carers will be treated with dignity and respect; and support will be sensitive and appropriate to the circumstances of the individual
- Carers will be supported to maintain physical safety and feel secure

## 5. Service Provision

### 5.1 **Scope**

The scope of the 'Carers Hub' model is to provide a flexible and tailored response to the individual needs of Carers from a single point of co-ordination.

To inform support provision the Provider(s) will develop a sophisticated, evidence-based understanding of local needs; using this local intelligence to plan work with the Council and a wide range of agencies.

### 5.2 **Prevention / Interventions**

Support provision will include but is not limited to:

### 5.2.1 **Information and Advice**

The Carer's Hub will provide a comprehensive, high quality Information and Advice service; this will be accessible and, up-to-date and include:

- Welfare Benefits
- Caring and employment
- Wider family relationships
- Caring and education
- Carers Rights
- Support Planning
- Financial information and advice
- Advice about legal issues
- Practical support such as form filling where necessary
- Carers needs for advocacy
- Prepare and support Carers to receive a Carers Assessment (where there appears to be a need)

### 5.2.2 **Peer Support**

The Provider(s) will help Carers to develop a range of social opportunities which are age and interest-appropriate. These shared-interest groups will become user-lead and make use of community assets and strengths.

### 5.2.3 **Carer Learning**

The Provider(s) will offer training which enables the Carer to delay the need for health and social care interventions, including, but not limited to:

- medications management
- falls risk reduction
- mental health
- coping mechanisms, including time management
- stress and mood management
- communicating with health and social care professional
- financial budgeting
- condition-specific training

### 5.2.4 **Counselling**

The Provider(s) will deliver one-to-one and/or group counselling to any Carer (s) who requires it. This will include the offer of post-bereavement support and advice.

### 5.2.5 **Respite**

The Provider(s) will deliver a range of flexible respite options for Carers. These will enable Carers to take a break from their caring role. This will include emergency respite for Carers and support for Carers at the end of life.

## 6. Strategic Engagement

- 6.1 The Provider(s) will engage with Health, Social Care and other agencies, including Third Sector and Private businesses to:
- Develop and utilise community assets to improve the local offer of support for carers
  - Develop new ways of working which improve the quality of life for carers
  - Promote awareness of Carers needs and the support available to Carers
- 6.2 The Provider(s) shall complement rather than duplicate the work of other organisations undertaking similar Engagement work.
- 6.3 The Provider(s) shall use information from its Engagement with Carers and Quality Assurance Framework to target and tailor the development of Strategic Engagement, Planning and Influencing Provision in response to Carers views, information regarding local demographics, and analysis regarding Needs and Outcomes.
- 6.4 Strategic Engagement, Planning and Influencing Provision, designed and implemented by the Provider(s) in response to requirements, should adapt and innovate in response to the information described above and to meet the Outcomes defined within this specification.

## 7. Engaging with Carers

### **‘Co-design and co-production will be at the heart of the Carers Hub’**

- 7.1 The Provider(s) will engage with all Carers who use the Service, and those who do not, to develop a sophisticated, evidence based understanding of the local demographics and the views, Needs, gaps in service provision and Outcomes of Adult and Young Carers in Southend on Sea.
- 7.2 Engagement in this context is not about Carer’s experience of the Service, but rather their wider views, Needs and Outcomes; their experience of being a Carer.
- 7.3 The Provider(s) will develop a range of methods for engaging with Carers to understand their views, and analyse Needs, Outcomes and local demographics. The Provider(s) will ensure these Engagement methods are developed in Co-production with Carers, and that Engagement is interesting and understandable to them.
- 7.4 The Provider(s) will ensure that the scale of Engagement with Carers is sufficient to be statistically significant, to provide confidence that findings are likely to be reflective of all Adult and Young Carers in Southend.
- 7.5 The Provider(s) will ensure Engagement work results in high quality information, which stands up to scrutiny and interrogation, and provides confidence in findings.

7.6 The Provider(s) will ensure Carers are not prevented or deterred from being involved in Engagement.

## 8. Planning and Influencing Work with Other Agencies

8.1 The Provider(s) will work with the Council and agencies that support Carers and those with other priorities but whose client group is likely to include Carers.

These agencies may include, but are not limited to:

- Clinical Commissioning Groups
- Southend Hospitals NHS Trust
- Community Health Providers
- GP surgeries
- Police and Probation Service
- Advocacy services
- Local Authority social care services
- Substance misuse treatment services
- Schools and Further Education establishments
- Children's Centres
- Employers
- Community groups and Voluntary Services
- Faith groups
- Condition-specific Carers groups

8.1.1 The Provider(s) will work with these agencies to proactively influence and support them to recognise and meet the Needs of Carers, including recognising that the needs of Young Carers approaching adulthood will soon be the needs of the next generation of Adult Carers and should inform future service delivery.

8.1.2 This work will promote the preventative approach and build community capacity through empowering other agencies to identify Carers early and proactively support Adult and Young Carers through their strategies, commissioning decisions and operational practices, and the development of community resources and networks.

8.1.3 This work will achieve much more than Signposting or Referral to the Service; agencies should be supported to develop services for and make their services accessible to Carers, provide useful information and advice and ensure their services have a positive impact, helping Carers to achieve both personal outcomes and those identified in this specification. In the longer-term this should reduce the need for agencies to refer or signpost to the service, as improved support across a range of agencies has the potential to reduce any unmet needs.

8.1.4 The Provider(s) will plan work to influence and support other agencies through a range of approaches, including but not limited to:

- Representing Carer's views, Needs and Outcomes and local demographics as identified through Engagement work
- Championing Carer's Rights, applicable legislative requirements and the recommendations of associated guidance
- Encouraging agencies to recognise and support Carers through improvements to operational practices, strategies and commissioning decisions.
- Encouraging key agencies to identify and provide Carers with an awareness of The Carers Hub and how to access support beyond the core business of that agency. This recognises that Carers need this awareness raised through the people and places they are likely to encounter early in their Caring Journey.
- Help agencies develop their operational practices, strategies and commissioning to recognise and support Carers.
- Advising agencies on how they can involve and engage Carers in the Co-production of their services.

8.1.5 The Provider(s) will ensure that the scale of work with other agencies is proportionate to the findings from Engagement with Carers; where findings identify greater concerns and unmet Needs more intensive work with agencies will be required to address this. Work should also be targeted around particular demographics when findings identify greater concerns and unmet Needs for those groups.

8.1.6 The Provider(s) will involve Carers in their work with other agencies, to achieve the requirements described throughout this Section; facilitating this will include offering Carers:

- Information, training and mentoring to help Carers understand and prepare for involvement in agencies decision making processes.
- Assistance with travel arrangements and costs.
- Assistance with making arrangements for the Cared for Person, and any associated costs not met by other services (e.g. Adult Care), to allow the Carer to participate.

8.1.7 The Provider(s) will contribute to the Council's development of strategy and service delivery plans

## 9. Service Availability

### 9.1 Accessibility

9.1.1 Provider(s) will provide 24 hour access to advice and support including telephone access.

9.1.2 Provider(s) will ensure that Carers are able to access face-to-face support through a range of local community venues across the borough.

9.1.3 The Provider(s) will ensure that all Information produced, within each Service element:

- Is available in accessible formats to meet individual needs.
- Is available in other languages for people who do not have English as their first language.
- References that people can request Information in accessible formats and other languages to meet their individual needs.
- Available in hard copy and electronically so that it can be accessed 24/7. Information must be reviewed regularly.

9.1.4 While the Provider(s) may choose to hold stocks of information in common formats and languages, there is no need to do so, so long as information in the required accessible format or language can be made available within a reasonable and appropriate timescale.

9.1.5 The Provider(s) will ensure the Service is delivered in line with the NHS England Accessible Information Standard. The Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. The Standard applies to service providers across the NHS and adult social care system, including providers of publicly funded adult social care.

9.1.6 The Provider(s) will identify as early as possible if a person is unable to access any service element due to difficulties in any of the following, including fluctuating difficulties:

- Understanding the information provided
- Retaining the information
- Using or weighing up the information
- Communicating their views, wishes or feelings

9.1.7 If a person is identified as being unable to access any service element independently due to difficulties described in 6.1.4 the Provider(s) will provide appropriate support.

9.1.8 Where the Provider(s) has concerns about a person's Mental Capacity to make a certain decision, for example as a result of a mental impairment such as Dementia, an acquired brain injury or Learning Disability, then the Provider should ensure:

- The person is given all practicable help to make the specific decision before being assessed as lacking Mental Capacity to make their own decisions.
- Signposted to appropriate services such as advocacy
- They meet the requirements of the Mental Capacity Act. A Mental Capacity Test shall be undertaken and if the person is believed to lack Mental Capacity, any subsequent action shall be taken in their Best Interests, considering their views, wishes or feelings and involving the person as much as possible.

## 9.2 Eligibility and Referrals

9.2.1 The Carers Hub will provide support to unpaid Carers who are 18 years or older and provide care for a Southend resident.

9.2.2 The service will support the following groups:

- Carers of people with Dementia
- Carers of people with a Mental Health diagnosis
- Carers of people with a Learning Disability
- Carers of people with an Autistic Spectrum Disorder
- Carers of people who misuse substances
- Carers of people at the end of their life
- Carers of children with disabilities (Parent Carers)
- Young Carers who are transitioning from Young Carers Support Services – eligible for Prevention Provision
- Young Carers – eligible for Strategic Engagement, Planning and Influencing Provision
- Former Carers

9.2.3 Referrals to the Carers Hub can come from, but is not limited to the following means:

- Self-referral
- Single Point of Access
- Social care Teams
- Allied Health Professionals
- Local voluntary services and Faith Groups
- GP or Specialist Nurse
- Consultants
- Patient Advice and Liaison services

## 10. Business Continuity

10.1 The Provider will compile a Business Continuity Plan that addresses key risks which might affect delivery of the Service.

10.2 These will include but not be limited to adverse extremes of weather and exacerbated staff absence due to outbreaks of disease or seasonal factors.

10.3 The Business Continuity Plan will be continually updated by the Provider as new business continuity risks emerge and risk management is refined.

## 11. Contract and Performance Management

11.1 Contract monitoring will be carried out by provider self-assessment and periodically by the Authorised Officer in accordance with monitoring procedures. The following are examples of sources of information which may be used as part of the monitoring process:

- Interviews with Provider staff
- Access to the relevant information within provider staff files
- Case load data and appropriate case studies
- Carers satisfaction survey
- Telephone feedback from Carers and the people they care for
- Professionals who refer to the service

11.2 Areas of good practice may be shared with partners and other Provider(s) as appropriate.

11.3 The Provider(s) will establish a Carers Hub Steering Group to periodically review the performance of the Carers Hub and ensure transparency, accountability and stakeholder involvement decision making. Representation will include but is not limited to:

- Southend Borough Council
- NHS Southend Clinical Commissioning Group
- South Essex Partnership Foundation Trust
- Adult Carers
- The Provider (Management team)

### 11.4 Performance Monitoring Information

11.4.1 The Provider(s) will be directly accountable for its operations and performance against the specification.

11.4.2 The Provider(s) will submit the following Minimum Dataset to the Commissioner quarterly which will cover but is not be limited to:

Profile of carers accessing services including:

- Age
- Gender
- Ethnicity
- Employment status
- Carer disability
- Relationship to the cared for person
- Cared for person's primary condition
- Cared for person's age
- Referral source(s)

11.4.3 The Provider(s) will submit the following Minimum Dataset to the Commissioner

quarterly which will cover but is not limited to:

- A summary of the individual issues raised by carers and outcomes achieved
- A summary of any collective issues under the following headings: Health, Wellbeing and Home Life, Employment, Education and Finance, Risks, Case studies
- Numbers of carers that are no longer actively caring and reason their caring role have ceased.

11.4.4 The Provider will ensure that the progress report is presented in such a way that it is suitable for a variety of audiences (including to children and young people, carers, professionals and representative organisations) and can be made public.

11.4.5 There will be quarterly contract performance meetings between the Provider and Commissioner to discuss performance alongside any operational issues.

### 11.5 **Key Performance Indicators**

The Provider(s) will submit both qualitative (outcome-based) and quantitative performance data electronically on a quarterly basis. This will include:

#### 11.5.1 **Qualitative Measures:**

##### **No of Carers who report that:**

- They have as much social contact as they would like
- Are able to balance their caring roles and maintain their desired quality of life
- Are able to manage their own support as much as they wish
- Are equal partners throughout the care and support process
- Are treated with dignity and respect;
- Support is sensitive, appropriate and tailored to their individual circumstances
- Feel supported to be safe and feel secure

#### 11.5.2 **Quantitative Measures (Key Performance Indicators):**

- Number of referrals to Hub
- Nature and type of service provided
- Number of Carers referred on for a Carers Assessment
- Number of Peer support groups developed
- Number of volunteers recruited
- Range of respite options delivered
- Number of carers who are satisfied with the support they received (customer satisfaction)
- Numbers / case studies of carers supported during transitional periods
- Actual expenditure (during the period)

11.6 Key Performance Indicators shall be used as a tool to assist management and monitoring of contract performance. The provider shall provide all Monitoring Information required.

- 11.7 Year to date figures should start from the contract start date in the first year and from 1<sup>st</sup> April in subsequent years.
- 11.8 A template for collecting the Performance Management and Monitoring Information is included in Appendix D, covering the core KPI's for the Carers Support Service. The Provider(s) will work with the Council to fine-tune and review these KPI's throughout the contract period.
- 11.9 Provision of such data shall not prevent the Council requesting additional information and reports when required.
- 11.10 In addition to the indicators, the Council will monitor the number of Safeguarding referrals received.
- 11.11 Key performance indicators will be reviewed quarterly.
- 11.12 Targets for all Key Performance Indicators will be reviewed annually and where appropriate target levels may be set or adjusted. Any adjustments to existing targets, or targets applied to previously untargeted indicators will be jointly agreed between the Council and the Provider.

## 12. Payment and Invoicing

- 12.1 The Provider should produce valid quarterly invoices at the start of the quarter to the Council which should be the equivalent of 1/4 of the overall annual contract value. The annual contract value will be as per the Providers tendered price detailed in Table 1 and of Section 6.

## 13. Quality

### 13.1 **Compliance with Local Policy and Strategy**

The Provider shall demonstrate awareness and understanding of relevant regional and local strategy, guidance and Best Practice applicable from time to time, e.g. JSNA for Carers.

The Provider shall establish relationships with local and regional commissioners, Carers support providers and other related networks, to develop this awareness and understanding, and share Best Practice. The provider shall also keep pace with reviews to the above strategies and adapt their service provision accordingly.

### 13.2 **Compliance with National Legislation, Policy and Guidance**

The Service Provider shall demonstrate awareness and understanding of, and comply with all relevant legislation that currently relates to the operation of their business or is amended or implemented at a future date. The service will be delivered in accordance

with recognised and accredited practice; in particular in accordance with the requirements of:

- The Care Act 2014
- Children and Families Act 2014
- Mental Health Act 1983
- The National Health Service and Community Care Act 1991
- Data Protection Act 1998
- Human Rights Act 1998
- Mental Capacity Act 2005
- The Deprivation of Liberty Amendments to the Mental Capacity Act 2005
- The Equality Act 2010 (ensuring compliance with ISB1605, Accessible Information)
- Welfare Reform Act 2012
- The Health and Social Care Act 2012 (ensuring compliance with the Accessible Information Standard 2015)

13.3 The service will also have regard to the Public Service (Social Value) Act 2012 considering economic, social and environmental factors and subsequent impact in the Southend on Sea area.

13.4 The Provider shall demonstrate awareness and understanding of national strategy, policy, guidance and Best Practice applicable from time to time, including (without limitation):

- Care and Support Statutory Guidance (issued under the Care Act 2014)
- Recognised, Valued and Supported: Next Steps for the Carers Strategy (2010)
- Living well with Dementia: A National Dementia Strategy (2009)
- Improving Care for People with Dementia Policy (2013)
- Prime Ministers Challenge on Dementia Care (2014)
- No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages (2011)
- Valuing People: A New Strategy for Learning Disabilities for the 21st Century (2001)
- Think Autism: Fulfilling and Rewarding Lives, the Strategy for Adults with Autism in England: an Update (2014)
- End of Life Care Strategy: Promoting high quality care for adults at the end of their life (2008)
- Living and dying with dignity: The best practice guide to end of life care for people with a Learning Disability (Mencap 2009)
- Drug Strategy 2016
- Alcohol Strategy 2012
- Reducing drugs misuse and dependence Policy (2013)
- ADFAM's 'We Count Too' - a good practice guide and quality standards for work with family members affected by someone else's drug use
- 'Supporting and Involving Carers' National Treatment Agency Guidelines
- NICE Guidelines for Dementia: Supporting People with Dementia and their Carers in Health and Social Care (2006)

- NICE Guidelines for Challenging Behaviour and Learning Disabilities (2015)
- NICE Quality Standard for Autism (2014)
- NICE Quality standard for end of life care for adults (2014)
- NHS England Accessible Information Standard

#### 14. Information Security Standards

14.1 The Provider(s) will adhere to Data Protection standards as outlined in the Terms and Conditions to ensure the safe handling and management of all personal and confidential data.

#### 15. Equality and Diversity

15.1 The Provider shall not discriminate directly or indirectly, or by way of victimisation or harassment, against any person on grounds of any protected characteristic as defined in the Equality Act 2010.

15.2 The Provider shall commit to review its equality practice regularly and maintain a policy framework that is up-to-date with the most recent Law.

15.3 The Provider shall notify The Authorised Officer forthwith in writing as soon as it becomes aware of any investigation of or proceedings brought against The Provider under the Equality Act or other discrimination Law.

15.4 Where any investigation is undertaken by a person or body empowered to conduct such investigation and/or proceedings are instituted against The Council in connection with any matter relating to The Provider's performance of this Contract being in contravention of discrimination law, The Provider shall, free of charge provide any information requested in the timescale allotted; attend any meetings as required and permit The Provider's staff, paid or voluntary, to attend; promptly allow access to and investigation of any documents or data deemed to be relevant; allow itself and any Provider staff to appear as witness in any ensuing proceedings; and cooperate fully and promptly in every way required by the person or body conducting such investigation during the course of that investigation.

15.5 Where any investigation is conducted or proceedings are brought against The Council under discrimination law the Provider shall indemnify The Council with respect to all costs, charges and expenses (including legal and administrative expenses) arising out of or in connection with any such investigation or proceedings and such other financial loss as The Council may incur (including any payment The Council may have been ordered or required to pay to a third party) arising directly or indirectly out of any act or omission of The Provider, its agents or sub-contractors, or The Provider Staff (paid or voluntary) which is the subject of a finding against The Provider in such investigation or proceedings.

15.6 The Provider shall make sure that it acts in a non-discriminatory way and that this is reflected in its complaints policy. Any substantiated complaint under Equality legislation shall be notified to The Authorised Officer.

15.7 The Provider acknowledges that The Council may carry out an Equality Impact Assessment (EIA) in respect of any aspect of The Service's Provision and the Provider shall provide such assistance and information to The Council as may be reasonably required in relation to the performance of an EIA by The Council. The Council shall implement any changes or adjustments that are required as a result of, or in connection with the outcome of the EIA undertaken by The Council.

## 16. Safeguarding

16.1 The Provider will comply with the Southend Essex and Thurrock (SET) Safeguarding Adults Guidelines and with the SET Safeguarding Children Guidelines.

16.2 The Provider will have robust policies and procedures in place to ensure service delivery is compliant with all relevant legislation, and is effectively and safely delivered by all staff, paid or voluntary. The written policies and procedures the Provider shall cover:

- Staff selection and recruitment
- Induction and training
- Equality and Diversity
- Disciplinary procedure
- Complaints procedure
- Confidentiality
- Acceptance of gifts and bequests
- Risk assessment
- Safe working practices
- Safeguarding
- Safety and suitability of premises
- Whistleblowing
- Abuse at work

16.3 The Provider will ensure all staff are aware that they are individually responsible for compliance with the SET Safeguarding Adults and Children Guidelines and that they know all of the internal and external processes for reporting any concerns.

## 17. Staff Selection, Recruitment and Training

17.1 The Provider will ensure that all staff employed in the provision of the service and volunteers have a DBS (disclosure and barring) check or equivalent where required.

- 17.2 The Provider will ensure that it has sufficient personnel to provide the Service at all times during the contract period and in particular that a sufficient reserve of staff is available during holidays or absence through sickness.
- 17.3 The Provider will ensure that all staff and volunteers carry out their duties and behave in an orderly, courteous and honest manner that promotes dignity.
- 17.4 The Provider's staff and volunteers will have the necessary levels of expertise, experience and training to properly carry out the requirements of their roles while delivering the Service, including knowledge of the Care Act in supporting carers and carrying out the service to ensure compliance.
- 17.5 All staff and volunteers will receive regular supervision in accordance with their roles in providing the service.

## 18. Complaints, Compliments and Comments

- 18.1 The Provider shall ensure people who use The Service and their families know how to make a complaint, compliment or comment to The Provider and to The Council, and they understand that complaints shall not prejudice the support they receive.
- 18.2 The Provider's complaints, compliments and comments policy shall:
- Make it easy for people to make a complaint, compliment or comment
  - Allow people to complain, compliment or comment via a range of channels, including in person to any member of staff, whether paid or voluntary, in writing, by email and by phone
  - Ensure complaints are acknowledged in a timely manner
  - Set out clear timescales for responding to complaints
  - Ensure complaints are responded to in a timely manner, within set timescales
  - Ensure that complaints, compliments and comments are recorded and in the case of complaints include a written record of the outcome
  - Ensure complaints are escalated within The Provider's organisation should the person not be satisfied with the response
  - Ensure complaints are escalated to The Council should the person not be satisfied with the response following escalation within The Provider's organisation
  - Comply with requirements of section B17 of the Terms and Conditions of this contract.
- 18.3 The Provider shall ensure all records regarding complaints, compliments and comments are available to The Council upon request.
- 18.4 The Provider shall aggregate all customer satisfaction data (complaints, compliments and comments) and include the findings in the annual service review.

